

ALL INFORMATION MUST BE MADE FOR EACH, AND THE NUMBER OF EACH IN  
ORDER OF BIRTH NOTED.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

195

State File No.

Registered No.

1. PLACE OF BIRTH

County Gila State Ariz  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Thomas Clinton McLane, Jr. (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. Legitimate? Yes 6. Date of birth Jan 12, 1930  
Month Day Year

8. FATHER Full name Thomas Clinton McLane 14. MOTHER Full maiden name Florence Sylvia Chase

9. Residence (Usual place of abode) Globe Ariz. 15. Residence (Usual place of abode) Globe Ariz.  
If non-resident, give place and state. If non-resident, give place and state.

10. Color or race White 16. Color or race White 11. Age at last birthday 34 (Years) 17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Turner Ariz. 18. Birthplace (city or place) Denver Colo.  
(State or country) (State or country)

13. Occupation Miner 19. Occupation Housewife  
Nature of industry Nature of industry

20. Number of children of this mother 4 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 1:20 P.M. on the date above stated.  
(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Signature: I. S. Harper  
Physician (Physician or midwife.)

Given name added from a supplemental report \_\_\_\_\_ Address Globe, Arizona

Filed 2/10 1930 H. E. Wightman Registrar

Registrar

345-112-623